

STATE OF INDIANA) IN THE _____ COURT
)
 COUNTY OF _____)
)
 (Insert Case Caption))
) SS:
)
)
) CASE NO.
)

ASSURANCE OF CONFIDENTIALITY

I, _____, Attorney number _____, am a member in
 (Provide Name of Attorney)
 good standing of the Indiana Bar. A prospective client has asked that I review the confidential
 juvenile paternity case file in the above matter. I affirm that my agents and I who obtain access
 to the court records and information in this case will maintain confidentiality as governed by
 Administrative Rule 9 in effect at the date of the filing of such records.

 (Attorney Signature)

 (Name of Attorney Printed)

 Address

 Telephone number

 Attorney Number